

Nebraska's Capital City

November 13, 2002

Mayor Wesely and City Council City of Lincoln City County Building Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Bowling Associates Limited, d.b.a. Sun Valley Lanes, 321 Victory Lane requesting that John Losito be approved as the manager of the class c liquor license.

Background information on the applicant is as follows:

John Losito was born in Elmira, New York. He attended the University of Nebraska graduating in 1991.

Mr. Losito has been employed at Sun Valley Lanes since 1994. He completed the Responsible Hospitality Managers course in May 2002.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

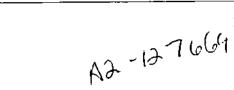




Liquor License Investigation

Business (DBA) S. L. VAILEY LAVES
Manager Owner Other
Name: John Losito
US Citizen? Yes No
Has applicant ever been cited for liquor law violations No Yes Explain
Does applicant have an interest in another liquor license No Yes Explain
Is spouse qualified to hold a license? Yes No N/A
How is applicant if not an owner to be paid? (Salary) Hourly
How many hours will applicant be at the establishment? 50 7
Any other employment ? No Yes, explain
Any previous experience with a liquor license? Yes No
Any criminal convictions ? No Yes Comments
Is applicant a property owner in Lincoln? (Yes) No
Is applicant involved in any civil litigation? No Yes Comments
(DPhoto W Records Check W References
Comments
Interview Date // /3 / 02

STATE OF NEBRASKA



11-25-02

NEBRASKA LIQUOR CONTROL COMMISSION Forrest D. Chapman

Executive Director
301 Centennial Mail South, 5th Floor
PO Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571

Frome (402) 471-2571 Fax (402) 471-2814 TRS USER 800 833-7352 (TTY)

web address: http://www.nol.org/home/NLCC/

Mike Johanns

Governor

November 1, 2002

City Clerk County/City Bldg 555 South 10th Street Lincoln NE 68508

RE: Manager Application Submittal

Dear Sir/Madam:

The enclosed Application for Manager is being submitted by Bowling Associates Limited Partnership DBA Sun Valley Lanes located at 321 Victory Lane, Lincoln, NE 68528 (Lancaster County) which holds a Class C License #10315 the applicant's name is John A. Losito.

Please present this application to your City/County Council and return to us the results of the action taken. If you have any questions or comments, please give me a call.

Murdie Patel

Sincerely,

Michelle Porter Licensing Division

Enclosure

Rhonda R. Flower Commissioner Bob Logsdon Chairman R.L. (Dick) Coyne Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

RECEIVED

Return to:

Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

thone: (402) 471-2571 Fax: (402) 471-2814	Web address: http://www.nol.org/home/NLCC/UCT 2	2 2	כחחי

LIQUOR LICENSE INFORMATION NERBACIALIBITATION									
NAME OF LICENSED CORPORATION CLASS CONTENSE COMMISSION									
Bowling Associate	s Llw	· []	Partners	his (· ·	103	16	ے او	
TRADE NAME OF LICENSED PREMISE			<u> </u>	<u> </u>	<u> </u>	100		<u>ب ر</u>	
Sun Valley Lanes		14-							
STREET ADDRESS OF LICENSED PREMISE	CITY		co	UNTY			ZIP CODE		
321 Victory Lane 04				uncas	ter	014	68578	<i>₽</i> ∫	
On behalf of the corporation, I designate this individ	ual as corpora	te mana	ger.						
Signature of Corporate President/CEO: Lie at Early Partner									
APPLICANT INFORMATION (MUST BE 21 OR OVER)									
NAME (LAST, FIRST, MIDDLE, MAIDEN)	SEX	soc	IAL SECURITY	NUMBER	DATE	OF BIRTH	PLACE OF BI	RTH	
Losito, John, Alexander	F (M')	(M)					Elmira,	. i	
HOME STREET ADDRESS		CITY		COUNTY	<u>. </u>	STATE	ZIP CODE		
3530 N.74" St.		LIV	coln	Lanca	ster	NE	66507		
HOME TELEPHONE NUMBER (402) 467-1319			HONE NUMBER	DRIVERS LICENSE NUMBER & STA			TATE		
(402) 415 3469 SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)									
	URWALI	ON (F NOT MA	RRIED IN	(DICA	re)			
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)			SOCIAL SECU	RITY NUME	BER		LICENSE NUM	BER	
Not married		& STATE							
DATE OF BIRTH: PLACE OF BIRTH									
Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. \[\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textsty									

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

 $\square_{\rm YES}$

MNO

☐YES ØNO	ouse ever made a compromi	se settien	ent for vi	olation (of such laws				
4. Do you, as a manage Nebraska Liquor Contro	er. have all the qualification of Act (§53-131.01)	s required	i by any p	erson en	ititled to hol	ld a Nebraska	Liquor Lic	ense?	
5. Have you filed finger ⊠YES □NO	rprint cards and PROPER	FEES (if	check, m	ake out t	to the NE St	tate Patrol), w	ith this app	lication?	
RES	IDENCES FOR THE PA	ST 10 YB	iars, ai	'PLICA	NT AND S	POUSE MUS	T COMPI	ETE	
APPLICANT: CITY & STA	TE	YE FROM	AR TO	SPOUSE	: CITY & STA	ATE		FROM TO	
Lincoln , NE	7	12/94	Prosent						
Elmira, NY		5/91	12/94		* -/			<u> </u>	
Lincoln NE		8/88	5/91		/_				
				-					
	EMPLO)YERS -	LIST L	LST TW	O EMPLO	YERS	,	<u> </u>	
YEAR FROM TO	NAME OF EMPLOYER		:-		NAME OF S	SUPERVISOR	TE	LEPHONE NU	MBER
12/94 Present	Sun Valley Lan	۷5			Neil	-		02-475	-3469
9/91 12/94	Rossi Lanes			Frank Navoni 607.733-6				6732	
PERSONAL	OATH AND CONSENT	OF INVE	STIGAT	TON - N	AUST BE S	SIGNED BY	APPLICA:	NT & SPOU	SE
STATE OF NEBRAS	KA)) SS)								
application, that said application	ig first duly sworn upon oath, depor on has been read and that the content ed guilty of perjury and subject to p	ts thereof ar	id all stateme	mis contair	ed therein are t	irue. If any false s	tatement is ma		
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.									
The undersigned understand as is incomplete and inaccurate.	nd acknowledge that any license issu	ed, based or	the informa	tion submit	ted in this appli	cation, is subject to	o cancellation i	f the information	contained herein
Signal	ture of Applicant					Signature of Spo	ouse (if applic	able)	
	d sworn to before me this 16					ence and sworn to			
A GENERAL NOTARY-State of Nebraska RACHELLE L. SANDER My Comm. Exp. Jan. 31, 2003 Notary Signature & Seal							ry Signature .	& Seal	<u>.</u>